



A Study To Assess The Family Burden And Social Support Of Parents Of Mentally Retarded Children In Selected School For Mentally Retarded Children, Kolkata

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ABSTRACT

The present study aims to assess the family burden and social support experienced by parents of mentally retarded children enrolled in selected special schools in Kolkata. Mental retardation imposes a significant psychological, emotional, financial, and social burden on families, often affecting their quality of life and coping abilities. This descriptive study utilized a structured questionnaire to gather data from parents through purposive sampling. The Family Burden Interview Schedule (FBIS) and Multidimensional Scale of Perceived Social Support (MSPSS) were employed to evaluate the levels of burden and social support, respectively. The findings revealed a high level of objective and subjective burden among parents, particularly in areas related to financial strain and disruption of family routines. However, a moderate to high level of perceived social support, primarily from family members, was also reported. The study emphasizes the need for targeted interventions and community support systems to alleviate family burden and strengthen support networks.

Keywords: family burden, social support, mentally retarded children, parents, psychological impact.

INTRODUCTION

Having a child with disability creates a potentially wide set of challenges for families (Blacher, 1984; Crinc et al. 1983; Gallimore et al. 1993; McCollum & Hemmeter, 1997) and parenting a child with a mental challenge (Mental retardation) and other disabilities creates a special difficulty for the parents (Cummings et al. 1966; Rousey et al. 1992).

Mental retardation is not a disease; rather it is the result of a pathological process in the brain characterized by limitation in intellectual and adaptive function. The cause of mental retardation is often unidentified.

According to the definition by the American Association on Mental retardation (AAMR), an individual is considered to have mental retardation based on the following three criteria: Intellectual functioning level (IQ) is below 70 – 75, significant limitations exist in two or more adaptive skill areas and the condition manifests before the age of 18 year.

According to DSM IV – TR – Mental retardation is defined as significantly sub-average general intellectual functioning resulting in or associated with concurrent impairment in adaptive behaviour and manifested during the developmental period before the age of 18.

According to the “World Health Organization (2001)” in the world one in one in four families has at least one member suffering from a mental or behavioural disorder. Four hundred & fifty million people are currently affected by these disorders.

In which approximately 156 million people or 3% of the world’s population have mental retardation.

The disability is present in every region of the world. For a better treatment of these people not only medical care but also social participation and family cohesion are essential.

In universal social structure, family is the primary unit of which an individual is member. The word family has been taken over from there main word “famulus” meaning a servant family can be defined as group of person united by the ties of marriage, blood or adoption, constituting a single house hold, interacting and inter-communicating with each other in their respective social roles of husband, wife, mother, father, son, daughter, brother, sister and creating a common culture (Burgess and Sickles).

Every individual member of the family has an important role to ensure welfare of the often members. If a person's performance causes disturbance to other, which ultimately result into greater distress on the entire family disfunctioning in psycho-social areas of an individual results due to mental retardation, which is reflected in his or her social functioning.

An articles published by Saldanha during 2002 explained about the role played by family members and his health status can influence the health and functioning level of the rest of the family. When a member is sick, he would discontinue from his normal social activities, so the other family members have to undertake the care of sick person. One person’s poor social performance is another person’s burden. The entire family experiences the burden of illness and the major part of responsibility is often shouldered by one primary care giver who experiences physical and emotional burden.

The family is one of the most powerful and important group structures in our society. Families have always served as the primary resource for most individuals with illnesses. Family holds a pre-eminent position as a keystone of society and its psychosocial influence on the life of the individual. In India, the norm is that the family should care for the ill child (John, 1997).

Having a child with a mental retardation generates a number of additional needs for the family, which require to be met in order to cope with this special situation. One of the known factors for effective coping is the support available to the family. Research has shown that parents of children with mental retardation experience high levels of emotional, financial, and physical stress (Byrne & Cunningham, 1985; Singhi et al. 1990) and the presence of social support is related to parent’s adaptation to stress (Krauss, 1993; Stoneman & Crapps, 1988), physical & psychological well being (Dunst & Trivette, 1985; Heller & Factor, 1993) and positive attitudes toward future planning for children with mental retardation (Grant, 1990). Magana (1999), hypothesized that familism accounted for maternal well-being. Better maternal well-being was predicted by larger social support networks, greater satisfaction with social support, and more minor children living in the household.

Today the vast majority of severely subnormal children lives at home and attends day special school. In their role as delivers of care. Parents may expect support from the informal social network, voluntary agencies and professional services (Carey, 1982). Moroney (1981) states that there are two broad functional needs of the families with a mentally retarded child, first support for their child rearing functions, instead of substitution of programmers for family care and second, periodic relief from the associated stress of child rearing. Strategies to meet these needs of families include the provision of hard services, such as income support, respite care, transportation, home maker services etc.

RESEARCH STATEMENT

A study to assess the Family Burden and Social Support of parents of mentally retarded children in selected school for mentally retarded children, Kolkata

OBJECTIVES OF THE STUDY

- To identify the degree of mental retardation.
- To identify the family burden of the parents of mentally retarded children
- To find out the social support of the parents of mentally retarded children
- To find the relationship between family burden and social support.
- To determine the association between family burden and selected factors in terms of
 - Socio-economic status.
 - Age of the child.
 - Age of the parents
 - Educational level of parents.
 - Degree of mental retardation.

RESEARCH METHODOLOGY

Research Approach

To accomplish the objective of the study non-experimental research approach was considered to be the most appropriate approach for the study. A Correlation Survey approach was adopted for the study.

Research Design

Keeping the objectives of the study in view correlation survey design was adopted.

The investigator wanted to see the relationship of family burden & social support of parents of mentally retarded children.

Variables

This study variables were family burden and social support in terms of age, sex and degree of mental retardation of the child and age, sex, educational status, type of family and economical condition of the parents.

Setting of the study

The present study was conducted at “Interlink – School for Mentally Retarded Children”, Bhawanipur, Kolkata, (West Bengal).

Population-The present study population consisted of all parents of mentally retarded children

Sample – Parents of mentally retarded children who attend the school during study period.

Sample size - The subjects were 50 parents of mentally retarded children.

Sampling Technique- The sample selection was done by purposive sampling. It involves the conscious selection by the researcher of certain subjects who represent the desired perspective.

RESULT

Section 1.A This section describe the general characteristics of the subject includes age of the parents, gender of the parents, educational level, occupation, monthly income, residence and family type. With presented Data depict that half of parents (50%) of mentally retarded children were in the age group of 46-55 years. Out of 50 respondents, majority 46(92%) of respondents were mothers. Most of the parents were unemployed. Out of 50 subjects 37 (74%) of parents were in the monthly income group of below Rs. 5000 per month, and least 2 (4%) of parents belonged to monthly family income group of above Rs 10,000 per month. All respondents 50 (100%) were residing at urban area

Section I. B

This section describe the general characteristics of child in terms of sex of the child, age of the child, degree of mental retardation, no of sibs, and birth order. Presented data reveal that maximum 23 (46%) of children were in the age group of 11-14 yrs. Most of the children 25 (50%) had two siblings. Most of the children 27 (54%) were first born. Out of 50, 25% of children were male and 25% of children were female.

Section II

This section describes the analysis, description and interpretation of data collected to assess the family burden by using both descriptive and inferential statistics. The Family Burden rating interview schedule was constituted with 20 items and each item consisted four choices. The subject was asked to respond on a four point rating scale. The maximum possible scores were 80 and minimum 20.

The responses were calculated in terms of percentage, mean percentage and correlation by Pearson product moment and depicted in the underlying tables.

Family burden measured by Family Burden rating interview schedule which had a maximum score of 80 and minimum Score of 20 and on the basis of scores the level of family burden has been classified as –

- Mild Family Burden (20-39)
- Moderate Family Burden (40-59)
- Severe Family Burden (60-80)

Section III

This section describes the analysis, description and interpretation of data collected to assess the social support by using both descriptive and inferential statistics. The social support rating interview schedule was constituted with 20 items and each item consisted four choices. The subject was asked to respond on a four point rating scale. The maximum possible scores were 80 and minimum 20.

The responses were calculated in terms of percentage, mean percentage and correlation by Pearson product moment.

Social support measured by social support rating interview schedule which had a maximum score of 80 and minimum Score of 20 and on the basis of scores the level of social support has been classified as –

- Low Support (20-39)
- Moderate Support (40-59)
- High support (60-80)

Section IV

Findings related to correlation between Family burden and Social support.

Table 9 Correlation of family burden and social support

n = 50			
	Mean	SD	'r' value
'Family Burden	58.8	12.51	
			-.290*
Social Support	43.96	7.20	

Data presented in table 9 reveal that “r” value computed between family burden and social support scores of parents of mentally retarded children. Correlation value was found $r_{(48)} = -0.290$, which was negatively correlated and significant at 0.05 level. So correlation value show that with increase of social support, there was lower feeling of family burden.

Therefore it is concluded that family burden is dependent on social support

Section V

Findings related to association between family burden and selected factors in terms of

- Socio-Economic status
- Age of the child
- Age of the parents
- Educational level
- Degree of mental retardation

Chi-square values were computed to find significant association between family burden and the selected variables i.e. Socio-Economic status, Age of the child, Age of the parents, Educational level and Degree of mental retardation. Chi square test using 2x3 contingency table was computed to study the association between family burden and socio-economic status. Chi square test using 3x3 contingency table was computed to study the association between family burden and other selected variables like age of the child, age of the parents, educational level and degree of mental retardation.

CONCLUSION

No family is prepared for the presence of a mentally retarded child. Therefore the presence of a mentally retarded child shakes the family to its foundation. The perceived conditions of the mentally retarded child affects not only every member of the family but reactions of each of these will, in turn have their effect on each of the other including the mentally retarded child. It thus affects family inter-relationships and will also affect the practical aspects of the family life.

The correlation computed between family burden and social support showed a significant low and negative relationship between family burden and social support. That means higher the social support lesser would be the parent's family burden.

The present study shows that family burden is faced by most of the parents of mentally retarded children. Social support is considered as a smoothening factor, which reduces the family burden of the parents.

So health professional have a major role in providing support to parents of mentally retarded children. This could be providing information about mental retardation and their core and management and referring or introducing them to social agencies for getting maximum resources for the care of their child.

REFERENCES

- ❖ Baily, R.H et. al(1982). *Principles of Psychology*. New York: Halt, Rinchart and Winston
- ❖ Basavanthappa, B.T.(1998) *Nursing Research* (1st Ed). Bangalore: Jaypee Brothers Medical Publishers Private Limited.
- ❖ Garrett, E. Henry and Wood worth, R.S (1973) *Statistics in Psychology and Education (8th Ed)*. Bombay : Vakils, Fetter and Simens Private Limited
- ❖ Polit, D.F. and Hungler, B, P. *Nursing Research Principal and Methods* (6th Ed). Philadelphia: Lippincott.
- ❖ Blacher J, Shapiro J, Lopez S, Diaz L, & Fusco J.,(1997). Depression in Latin mothers of children with mental retardation: a neglected concern. *American Journal of Mental Retardation*. 101, 5, 483-96
- ❖ Chen, T.Y. & Tang, C.S. (1997). Stress Appraisal and Social Support of Chinese mothers of adult children with mental retardation. *American journal on Mental Retardation*, Vol. 101, No.5, 473-482.
- ❖ Cohen, S., & Wills, T.A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98, 310-357.
- ❖ Merry, P., A study to assess the support and family efficacy among families of mentally challenged children, Ranchi unpublished M. Phil clinical psychology thesis, Ranchi university, Ranchi